

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		12-8-99
O.I.P.E. CLASSIFIER		12	12/12
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	59573		1-7-00
	59573		3-27-00

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	3/6/03
2	3/6/03
3	3/6/03
4	3/6/03
5	3/6/03
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49	3/6/03
50	3/6/03

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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